THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XXIX. Wednesday, September 13, 1843. No. 6.

ON EPIDEMIC INFLUENZAS, WITH PARTICULAR REFERENCE TO THE EPIDEMIC OF 1843.

By Caleb Green, Prosector to the Chair of Surgery, Geneva Medical College.

[Communicated for the Boston Medical and Surgical Journal.]

Synonymes:—*Rheuma epidemicum* of Sauvages; *Catarrhus epidemicus* of Swediam; *Catarrhus a contagio* of Cullen; *Amphimerina anginosa* of Huxam; *Febris remittens catarrhalis* of Macbride; by the French writers it is called *Folette, coqueluche, petite porte, coquette, baraquette, rhume epidemique, la grippe, fievre catarrhale;* by the Italians, *Catarrho Russo;* by the Spanish, *Influencia Rusa;* by the Germans, *hunerzipf der huner, wenn bletzkarr, epidemischer shcnupfen, Russische krankheit.*

This epidemic affection received its name from the *influence* which the stars were supposed to exert in its production. It is usually accompanied by catarrhal symptoms more or less severe, and with a depression of strength disproportionate to the febrile excitement or the concomitant local affections. A mere epitome of what relates to this disease is all that we can give that would be of utility or interest to the profession.

History, progress and extent.—The occurrence of this disease can probably be traced back to the days of Hippocrates, as slight notices of a catarrhal affection resembling the one under consideration were given by him and some other of the ancient authors. Since then, the epidemics which occurred in 1311, 1323, 1327, 1387, 1400, 1403, 1410, 1414, 1427, 1438, 1482 and 1505, are supposed to have been instances of the same affection.

The epidemic of 1323 prevailed throughout the whole of Italy. That of 1387 prevailed at Montpelier and Romagne, and is said to have attacked nine tenths of the population. Although what we can gather from the short notices of the above-mentioned visitations by the old authors, renders it extremely probable that they were examples of the affection under consideration; yet it was never accurately described by medical writers until 1510. According to Schenek it was then regarded as a new disease. The epidemic of that year, proceeding from Malta to Sicily, Spain, Italy, France and Britain, raged all over Europe, and scarcely an individual escaped. The epidemic which prevailed in the autumn of 1557 took a westerly course from Asia by Constantinople to Europe, and afterwards visited America. It prevailed in Europe extensively in 1580 and the course of the affection was ſrom east and south to west and north. The epidemic raged at Sicily in June, at Rome in July, proceeded by Venice and Constantinople to Hungary and Germany, and thence to Denmark, Norway, Sweden and Russia, where it prevailed in December. In April, 1568, it prevailed in England chiefly. In 1590 and 1591, an epidemic similar to that of 1580, prevailed in Europe. It prevailed in 1663, and 60,000 persons are said to have been attacked in the Venetian States in one week. A similar disease prevailed in Holland in 1669. In 1675, Germany was visited in September, and England in October, by a similar affection. In 1729 and 1730 the influenza prevailed throughout all Europe, visiting every part of it in the course oſ five months, and attacked 50,000 persons at Milan, 60,000 at Rome, and the same number at Vienna. It was very ſatal in Paris and London—destroying in the latter city 1000 a week. Switzerland suffered little, Italy and Spain very considerably. This catarrhal affection prevailed ſrom 1732 to 1737. In 1732 it overran Europe and visited America. From New England it spread southward to Mexico, Jamaica and Peru. Catarrhal ſever was prevalent in several countries in 1741 and 2. In 1743 it prevailed generally in Europe, under the name oſ "La Grippe," a term which, Thompson suggests, was probably derived ſrom the Polish word *chrypka*—hoarseness; but according to Dr. Forry it was derived ſrom *gripper*, "to gripe," "to catch hold of," being the vulgar French appellation. In the spring of 1762 the epidemic became generally prevalent—having, however, appeared the previous year in America. In swept away one third of the inhabitants of Toulon, extended northward to Breslau, Vienna and Hamburg, and in a month passed ſrom London to Edinburgh. It prevailed among the sailors of the Mediterranean in July. The influenza prevailed in Britain and on the Continent in the ſall of 1775. The epidemic which was prevalent in England in the spring of 1782 appears to have arrived ſrom the East. In September, 1780, the crew of the Atlas, an East Indiaman, suffered ſrom the influenza on their course ſrom Malacca to Canton. No instance oſ the disease had occurred at the ſormer place, but on arriving at Canton they ſound that it raged there, associated with bilious complaints. In October, 1781, it prevailed in Bengal, on the Coromandel coast, with complications similar to those which attended it at Canton. In November, 1781, it attacked the army besieging Nagapatam; it prevailed at Astrachan, Tobolki and Moscow, in December; at St. Petersburgh in January, 1782; at Strasbourg in February, spreading through Denmark and Holland in March; it arrived in England at the end of April. This epidemic attacked three ſourths of the population. It was observed to visit cities beſore villages, and villages sooner than detached houses. It took five weeks to pass ſrom Edinburgh to Musselburgh, which lies five miles to the south-east. At St. Petersburgh 40,000 persons are said to have been attacked in one day. In 1803 the influenza prevailed very extensively, and advanced in a northerly direction. In France it was ſollowed by ophthalmia, and in America by dysentery. In England the disease prevailed among horses, cows, sheep, swine, dogs and cats. In September, 1830, the disease appeared at Manilla, and reached Britain in the spring of 1831. This epidemic was widely diffused, prevailing both on the eastern Continent and in America. In many parts it preceded the epidemic cholera. In 1833 the cholera was followed on the eastern Continent by influenza. In 1836 and 7 this affection prevailed in various parts of the world—at Sidney and the Cape of Good Hope, and on the shores of the Baltic. Half the population were attacked in London, Hamburg and Copenhagen.

We have now traced the visitations of this epidemic down to the present year, and we might go on to state their peculiarities, but will not burden this paper with a detail of them. Dr. Theophilus Thompson, of London, thinks we may deduce from the history of the influenza, that it has occurred on an average once in ten years.

We come now to speak particularly of the *present epidemic.* Its incursion was sudden, its extension rapid, and its range wide. An Albany paper states that it commenced in the northern part of this State, but we think, that from the rapidity of its extension, it would be difficult to designate the very place of its outbreak. The first notice which we find of it is in the Albany Atlas of June 8th. It says:—"There *seems to be* something like an influenza prevalent—among the subjects of which are a large portion of the printers connected with the different offices in this city." We are not able to designate the time precisely at which it commenced in New York city, but it is said to have commenced on the 12th of June, the day on which the President arrived there on his way to the Bunker Hill celebration, and was hence facetiously termed the "Tyler grippe" or "grip." We presume, however, that it might have commenced two or three days earlier, without exciting the suspicion of its being epidemic. About the 14th or 15th it was stated that 60 of the crew of the North Carolina were confined in the hospital from the effects of this disease. On the morning of the 17th of June, the packet ship Liberty arrived from Liverpool with 275 passengers, most of whom, with the captain, were down with the influenza, which attacked them at sea about a week previous to their arrival. This is equal to the case of the East Indiaman spoken of above. One of the New York papers of June 14th says:—"The prevailing epidemic attacks all ages and constitutions. The symptoms are great prostration of strength, sore throat and bad cough. It is very obstinate, and requires prompt and rigid treatment to drive it away." We have not been able to learn the time of its appearance at Boston, but it is said to have been extensively prevalent among those who were on their return from the Bunker Hill celebration of the 17th. Of some hundreds of emigrants who arrived at New York the last of June, not one escaped while lying in quarantine. We think that Philadelphia was invaded by the epidemic later than New York. From the 20th to the 25th thousands were said to have been down with it in that city.

The influenza commenced in this city on the 9th of June. On the 9th and 10th several cases occurred, and from the similarity and character of the symptoms there was a remote suspicion in the minds of some that it was epidemic. A gentleman connected with one of the daily papers informs us that he was attacked on the 11th, and that the febrile and cerebral symptoms were of a very severe character, especially at the onset of the attack, and that fainting occurred repeatedly on attempting to maintain the erect posture. These symptoms were accompanied or immediately followed by inflammation of the larynx and bronchi, and soreness extending down the anterior walls of the chest. A very large proportion of the inhabitants of this city have suffered from the epidemic, but in a great majority of cases it has required only the mildest remedies, or none at all. It prevailed extensively in Buffalo, commencing soon after its appearance in this city. In Pittsburgh, Pa., whole printing establishments and iron manufactories suspended operations for its entertainment. Few houses escaped the calls of this unwelcome visiter. It made its appearance at Milwaukie about the 9th of June—quite as early as in this city. From late accounts we learn that it has reached St. Louis, touching Cincinnati and Louisville on its way, and not only touching them but taking them by the very throat. It has sent a detachment south to Baltimore, Washington and Charleston, and most fearlessly has it meddled with the noses and throats of the "chivalrous." One of the New Orleans papers of the 18th of July says, that two thirds of the inhabitants of that city were suffering from the influenza.

At Quebec the journals speak of its prevalence to an "alarming extent." It has also visited New Brunswick. Late accounts give information of its existence in London and Glasgow.

Causes of the Influenza.—As to the origin of these epidemics there are various theories, many of which are plausible, and others vague and untenable. Some attribute the influenza wholly to the *atmospheric vicissitudes of temperature and humidity, and the prevalence of particular winds.* This theory has many supporters, and it is not strange that it should have, since such vicissitudes have been so very frequently observed to prevail previous to or during the existence of the epidemics. Thick offensive fogs have been spoken of as a cause; easterly winds have been invoked, and sudden changes of temperature have come in for a share of the productive causes. But that these meteorological conditions fail to explain the causes of the influenza, is evident from the fact that it has occurred during every possible variety of atmospheric phenomena—in all seasons, in every climate, and in the midst of the ocean, as well as in the interior of continents. Just previous to the incursion of the present epidemic, the weather changed from a mild May air to a very low temperature. On the morning of the 1st of June there was a slight fall of snow in this city, and the ladies were observed in the streets in the afternoon with their hands ensconced in muffs, as though it had been a December day. The thermometer at sunrise was down to 36 deg. This was followed by cold, damp weather, accompanied by dense fogs, for several days. On the 9th, the day on which the influenza was first observed here, the thermometer rose to 84 deg.—the mean for the day being about 73 deg. At the acme of the influenza in this city, the temperature of the atmosphere for several days ranged from 86 to 96 deg. We must regard these vicissitudes as mere coincidents and not causes of the epidemic. The *electric theory* has been invoked, but the experiments of Volta himself "failed to detect any electrical changes in the atmosphere of the affected places." It has also been called *contagious;* but we must regard this as the least tenable theory yet advanced. The suddenness with which it appears over vast extents of country—attacking in some instances "whole kingdoms at once"—clearly indicates its non-contagious character.

The last theory in relation to the causes to which we would refer, is the one which attributes the disease to the diffusion of a certain *malaria, or materies morbi,* through the air. The existence of this malaria has never been demonstrated by the nicest experiments of the chemist; yet reasoning from analogy, we may conclude that such *materies morbi* do exist, for, although we have abundant reason for believing in the existence of a *miasm* which is the prolific source of intermittent fever, yet this miasm has never been detected by the most careful operations in analytical chemistry. Without entering into the discussion of the various speculations under this head, we would say that we are fully inclined to the opinion that the epidemic is caused by some peculiar virus or noxious matter diffused through the atmosphere. As we before observed, this has never been detected by the nicest chemical manipulations; but this does not detract from the probability of its existence, for the reasons assigned above. One of the strongest considerations we have for referring the origin to malaria, is the *striking identity of these epidemics* at the different periods of their visitation, and in different countries. No one can fail to notice the great similarity of the symptoms of the influenza of 1836 and 7, and that of the present epidemic. Indeed the identity of the two is settled beyond a doubt. So also with the epidemics of 1675, 1762, 1733, 1743, and 1833. It is clear that this identity cannot be explained by a reference to atmospheric vicissitudes, however great they may have been; but that these changes in the weather may have had a modifying influence upon the disease, we are not disposed to deny. Dr. Forry, in his excellent article on epidemic influenza, after defending the position which he takes—that the influenza depends upon some peculiar virus, a materies morbi—says: "Upon the whole, it is most probable that the atmosphere is the medium in diffusing the virus, and that modifications result not only from changes in this medium, but from the endemic influences of particular localities."

Symptoms.—Of the peculiarities of the various epidemics we need not speak. The symptoms of the present epidemic bear the same general characteristics of those which have preceded it. It is generally introduced by a slight chill, sometimes followed by rigors. There is great lassitude and depression of strength, pain in the head, back and lower extremities. The pain in the head is at first very severe, attended by a determination of the circulation to the brain, coryza and an acrid discharge from the nose. This is generally followed by inflammation of the fauces and larynx, attended with a severe cough and soreness, extending down the anterior walls of the chest, with a sense of constriction of the chest. In some cases the cerebral symptoms have been of a very severe character, amounting in some instances to actual inflammation. Inordinate depression of strength and vertigo, have been very prominent symptoms in this epidemic. In many instances the disease has assumed the form of pleuritis, and sometimes that of pneumonia. The complications of this affection have varied with the predispositions of the individual attacked, as well as with the endemic influences of the locality. In some, tonsillitis is the complication, while others are affected with bronchial mucous inflammation, attended with difficult and oppressed breathing. In very many instances, especially in children, the lining membrane of the stomach and bowels was affected, as manifested by diarrhœa and mucous discharges. In many cases the inflammation of the schneiderian membrane commenced and progressed as the inflammation and soreness of the throat subsided. The duration of the attack is usually from one to seven or ten days, but in some instances continuing much longer. In our own case, it terminated on the evening of the first day by profuse perspiration, without any medical treatment.

Prognosis.—The mortality of the influenza has varied with each occurrence of the epidemic. It is said that during the influenza of 1580, 9000 died of the disease at Rome, which, according to Wierus, was in consequence of bleeding. The epidemic of 1729 and 30 was very fatal at Paris and London—destroying in the latter city a thousand a week. But notwithstanding these records of mortality, it is true that *uncomplicated* influenza rarely destroys life. According to Ozanam, who made a calculation of the mortality of all the recorded instances of epidemic catarrh, the deaths, as far as could be ascertained, were about two per cent. of the number attacked. Dr. Forry thinks that the mortality in the city of New York is much greater than two per cent., and that a thousand shall, in the course of six or twelve months, be numbered among the victims of the present epidemic; and he fully establishes this view by a digest of the weekly reports of interments in the city and county of New York. He says that "in those who have died of the malady, anatomical examinations generally reveal some associated disease—for example, the chief victims have always been found among the aged and asthmatic, those susceptible to disease of the lungs and of full oppressed habits."

From a careful digest which we have made of the "Reports of Interments" in this city, during the months of June and July, for the last six years, we arrive at the conclusion that the bills of mortality have been greatly increased during those two months of this year, by the influenza, complicated though it may be. The average number of interments in the month of June for six years past (including 1843) is 32; while the number interred this year was 46. The average number of interments in the month of July for the same period, is 38; while the number interred this year was 58, which was greater by sixteen than the highest number for any month of July for the last five years. The number of deaths reported from influenza in June was only two, and the same number in July; but please notice the great increase of deaths from "summer complaints" and inflammation of the bowels in July. For the last five years the average number of deaths in the month of July from summer complaints (so termed in the Reports), was two, and the number from inflammation of the bowels, three. The number of deaths from "summer complaints" in July, 1843, was 12; and the number from inflammation of the bowels, 5. The number of deaths in June, from inflammation of the bowels, was 7—which was a larger number than ordinary for that month. On the decline of the influenza in this city, large numbers of children were affected with diarrhœa of a very prostrating character, and at one time it threatened a great destruction of that class of patients. The diarrhœa in many, if not most cases, supervened on the ordinary symptoms of the influenza.

The *pathological appearances* exhibited in those who have died of influenza are chiefly as follows:—the mucous membrane of the larynx and bronchi is of a deep-red color, flakes of lymph are sometimes observed on the cordæ vocales and in the ventricles, the trachea is found injected and covered with a glossy-looking mucus, the lungs are surcharged with a sero-mucous looking fluid, the lower portions being engorged and sometimes consolidated.

Treatment.—Although there has been an apparent discrepancy in the views of the profession, at different periods, in regard to the treatment of influenza, yet it is clearly owing to the variation of the symptoms which constitute the peculiarities of the different epidemics. In the ordinary manifestations of the disease, little else is necessary than to regulate the diet. Indeed, hundreds of thousands are cured by the recuperative efforts of nature alone, and in very many instances homœopathy and animal magnetism have had the credit of it. Shades of Hippocrates! What! the influenza cured by infinitesimal doses of the shade of a shadow! And three sweeps of a magician's wand, and as many repetitions of the incantations of the juggler, put to flight all the pain, and dyspnœa, and cough, and coryza, and aching bones and bursting heads, which this "raging epidemic" would compel us to bear! Yes, so say the worshippers of Hahnemann and Mesmer.

When it becomes necessary to employ remedies, it is generally sufficient to administer some active saline cathartic. Thompson strongly recommends at the onset of the disease a dose of calomel, combined with comp. ext. of colocynth, followed by a saline purgative. If it is found necessary to repeat the cathartics, those of the mildest kind should be selected, for the frequent exhibition of purgatives tends to increase the irribility of the intestines and dangerously depress the vital energies. With regard to the propriety of bloodletting, there is a variety of opinions. Ozanam says, that of 52 epidemic catarrhs which have prevailed in Europe, bleeding was found useful in 39, hurtful in 10, and useless in 3. In determining the question of bloodletting, we are to be guided by the state of the pulse; but still, we must be aware of the fact that inflammations in this disease are to be treated less actively than in sporadic cases. We have seen cases, however, complicated with pneumonia and pleuritis, in which prompt bloodletting was productive of signal relief. Both Dr. Thompson and Dr. Forry speak disparagingly of the use of opium, at least in the onset of the disease—affirming that it increases the febrile irritation, aggravates the pain in the head and checks expectoration; but we must be allowed to express our opinion that when opium has such effects, it has not been administered in proper doses. They describe *the effects of a small dose* in inflammatory affections, but *not the effects of a large dose. It must be given in sedative doses, be they more or less.* Of the management of the various complications of influenza, I need not speak; suffice it to say, however, that they are to be treated on general principles.

Sequelæ.—Thompson remarks that there is reason to believe that a modified condition of the atmosphere may remain for years after the prevalence of the epidemic, and occasion a liability to affections of a similar character, to which the term *influenzoid* might be applied. But we think it much more reasonable to suppose that this liability to bronchial affections is a sequela of the original attack, rather than that there exists an "influenzoid" atmosphere. The structures upon which the epidemic spent its force, are for years in some subjects susceptible of derangement, and hence we have as sequelæ, chronic bronchitis, asthma, rheumatism, neuralgia and intestinal irritation. There is abundant evidence that phthisis is often called into activity in those of a tubercular diathesis; and hence we may infer that for several years to come, the mortality from that disease will be greater than for a few years past. Endocarditis and pericarditis have also been observed as sequelæ. Obstinate dyspepsia, and other functional disorders of the digestive system, are among the consequences of the epidemic.

Rochester, N. Y., Aug., 1843.

SYMPATHY—METASTASIS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The literal meaning of sympathy, is the suffering or affection of two separate parts of the body at the same time. The term sympathy is derived from a Greek word signifying *to suffer together*. The ancients, who were given more to observation than to theory, probably intended no more by the term than its literal meaning imports. But, alas! how many conjectural principles in science and medicine, have been the mere spawns of old Latin and Greek words. We have deified these old languages, and peopled them with a race of mental images to which Hippocrates and Galen were total strangers.

The principle termed sympathy is not true; it is not founded on facts. It is founded upon loose and careless observations. Mysterious affinities have been supposed to subsist between different parts of the body; between the uterus and breasts in females; and between the throat and testicles in males; between the stomach and brain, the brain and the liver, the kidneys and the stomach, &c. These affinities, which amount in fact to independent beings, little deities, are supposed by many medical writers to be almost innumerable.

The known anatomical and physical media through which the entire system or any two or more of its parts may be affected, at the same time, are the following:—1. The sanguiferous system, which extends through the whole and every part of the human body. 2. The nervous system. 3. The digestive system, including the lacteal and lymphatic system. 4. The respiratory system, which gives vitality to the blood. 5. The power, wherever situated, which causes, increases, and depresses the animal heat. Through all or any one of these media, those phenomena attributed to the operation of sympathy may be produced; but chiefly, I imagine, through the media of the arterial system and the power which originates the heat of the body.

The most striking illustration of the principle of sympathy, is in the fancied relation subsisting between the testicles and the muscles of the voice at the age of puberty. But this coincident is easily explained without resorting to occult principles. The voice of boys at the age of puberty is observed to become hoarse, loud and untuneful. At this age there is a remarkable development of the whole system; every muscle, tissue and organ in the body, increases rapidly in size and in strength. The muscles of the voice become developed in common with every other part of the system, and of course in the office of speech, which they perform, a greater degree of strength and expansion of sound takes place. The development both of the testicles and the organs of speech, is the effect of a common cause, viz., the growth of these parts in common with every other part of the system. The development of the testicles and of the voice do not always coincide in point of time; sometimes the change in the voice will precede, by many months, the perfection of the male organs of generation, and the reverse. The development of the liver, or the lungs, at the age of puberty, is just as likely to occasion a change of the voice as the development of the organs of generation. Why not say that the change of the voice causes the development of the testicles?

Another link in the mysterious chain of sympathy, is supposed to subsist between the uterus and the breasts. They both grow at the same time! Sure enough; and what part of the young female does not grow, and most rapidly too, at the age of puberty? These parts experience a development in common with the muscles and the organs of the whole system, and one of these parts is no more the cause of the perfectibility of the other, than the growth of a muscle in the leg is the cause of the growth of a muscle in the arm.

Sympathy is again called into play to explain the connection supposed to subsist between the breasts and the uterus in the process of conception, gestation, and birth of the child. But what part of the system, I ask again, is not affected by the conception and birth of a child? Every part, during a healthy gestation, is enlarged; the heat of the body is raised, and the blood circulates with more force. The new impetus given to the blood and the increase of heat are the very causes one would be most likely to assign for a consummation of the office of the breasts. A greater heat and a fuller supply of blood, would form a fitter nidus for the perfection of any of the organs. The simple increase of heat would alone account for the full development of the breasts and the secretion of the milk. The secretion of the milk will continue for two and and three years after the birth of the child and the return of the uterus to its natural state. Do the breasts still continue to sympathize with the uterus? In the meantime, another child will be conceived; what becomes of sympathy in this case? The stimulation of the arteries of the uterus causes a stimulation of the whole arterial system, and consequently of all the other organs and parts of the body. The stomach is affected with sickness, the head with dizziness, and the whole system with a greater degree of heat; each part manifests its affection in its own peculiar way.

This principle of sympathy does not work both ways. I have seen the most severe local affections of the breasts without the slightest particle of friendly participation on the part of the uterus. In cancerous affections of the breasts, the uterus does not appear to be affected any more than the other parts of the body. And in inflammations of the breasts, the uterus is no more affected than any other of the organs. On the other hand, the uterus is often affected with leucorrhœa, menorrhagia, cancer and hydatids, without the slightest corresponding affection of the breasts. The breasts appear to stand solitary and alone, excepting on a few special occasions; and the principle of sympathy evidently dodges its duty at its own pleasure.

The venereal disease and the mumps are supposed to furnish an illustration of the principle of sympathy. In the mumps the parotid glands are inflamed, swelled and painful, and the whole system is affected as with a common cold. The testicles sometimes, not always, become swelled and sore to the touch. In this case, two distant parts become apparently more affected than the other parts of the system. In the measles, the skin and the lungs are the two parts most affected; and in a common cold, the glands in the groins called kernels, and the schneiderian membrane, will often be inflamed together. Are these parts affected from sympathy? At the age of puberty, the testicles and the larynx, or the organ of the voice, are the two grand points of sympathy; but in the mumps, the sympathy is between the testicles and the parotid glands. In the venereal disease the points of sympathy are still more changed. Instead of being between the testicles and the organs of the voice, or the parotid glands, it is between the glans penis and pharynx, or posterior nares and uvula. The true history of the thing, appears to be this. In the venereal disease, the infection commonly begins on the glans penis, and in time, often very distant, when all disease has disappeared from the part originally affected, the pharynx, not the organ of the voice, will become ulcerated, and the ulceration will extend to the uvula and to the nose. After the infection has penetrated the whole system, for it often shows itself in the skin before it appears in the throat, these parts not being protected by a thick integument, and consequently more exposed to exciting causes of various kinds, manifest the infection more readily than the other parts of the system. That the infection is a general one, every physician knows; and that it should operate more severely in one part than in another, is nothing strange. No disease operates equally over the whole system; and consequently must manifest itself earlier and more visibly in some parts than in others.

The mumps in females, manifest themselves in the parotid glands and in the breasts, and not in the organs of generation as in males. But in no other instance are the breasts ever known to affect the parotid glands, or the parotid glands to affect the breasts. In the venereal disease, there is the same manifestation of sympathy between the pharynx and organs of generation in females as in males, but nothing of the kind takes place in the mumps. The truth is, that, in cynanche parotidea, as in the measles, and common colds, different parts are affected by the same cause.

By many medical writers the stomach is supposed to sympathize with every other part of the body, and every other part of the body with the stomach. The stomach has a connection with every part of the system by means of the arterial system. Or, in other words, the stomach is situated at the extremity of one of the branches of the arterial system, and whatever affects this branch of the system, affects the entire arterial system in the same way. If this branch is stimulated, the whole arterial system is stimulated; if this is weakened, the whole is weakened; if this is contracted, the whole is contracted; or if this is expanded, the whole is expanded. The stomach is also connected with the system in general through the medium of the nerves and by its digestive function. But there is no evidence that the stomach holds any special communion with other parts in consequence of its connection to them by the nervous system. Indeed, I believe the stomach to influence the other organs much less through the medium of the nerves than through that of the arterial system, or of its digestive function.

Metastasis must be the subject of another essay. D. B. Slack.

Providence, Aug. 28th, 1843.

NECROSIS OF THE SKULL.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I take the liberty to communicate the following case of necrosis of the skull, which I have recently had under treatment. Perhaps you may think it worthy a place in your Journal.

On the 13th of February last I was called to examine a female patient, aged about 45, laboring under extensive disease (necrosis) of the skull, of long standing. Her short history of the case was as follows:—About twenty-five years since she received an injury upon the left side of the head, from the falling of a stone from a building, which produced, as was then supposed, a slight fracture of the outer table, with severe concussion, rendering her insensible most of the time, for ten days. She recovered, however, under ordinary treatment without an operation, so far as to be able to go about her usual business. From that to the time of my first visit, has had at intervals, partial derangement of the mental faculties, confusion and want of consciousness of time and place; continuing sometimes for a few days, but remembering with accuracy all that happened up to these periods, and afterwards. Partial paralysis of the superior extremities of the side affected, and general wasting of the muscles and integuments. Small ulcers occasionally opening at different points in the scalp, discharging more or less sanious matter, which always relieved the confusion of ideas at the time. These openings would again close and remain so, sometimes from one to three years. About five years ago, as she says, "she was exposed to severe cold and froze the top of her head." Immediately after which, two large openings appeared, the size of a quarter of a dollar, one directly over, and within an inch of the left superciliary arch; the other an inch above the middle portion of the lambdoidal suture. From these ulcers a profuse discharge has constantly kept up for the last three years. On examination I found a small spicula of dead bone pointing at each of these ulcers. Seizing the two points with strong forceps, the whole left side of the skull seemed to be slightly moveable.

The constitution of the patient had become so enfeebled by the long-continued exhausting discharges, and her situation and circumstances not very conducive to recovery, I deemed any operation, at this late period, hardly warrantable. However, as the patient and her friends were not only willing, but very anxious that something should be done, I resolved to undertake the removal of the dead bone, as the only remaining chance for her safety—as the system was fast sinking—and even this afforded but little encouragement, for it was impossible to foretel the nature and extent of the operation required, by an external examination. The inference was, that the powers of life must soon yield, and that any operation, however hazardous, would not materially hasten that period. This was the sensible reasoning of the patient.

The patient having already prepared herself, was placed on a seat, with the head inclined towards the *only window in the house*, and well supported by an assistant; I proceeded to divide the scalp, carrying the scalpel from one opening to the other, a distance of about seven inches, half an inch to the left of the median line, or sagittal suture. This at once exposed the whole extent of the bone, it being denuded mostly of its pericranium. After securing two or three branches of the occipital and temporal arteries, as they were much enlarged, the scalp was thown off each way from the incision. On the left side the dissection was carried to within an inch of the squamous suture, before the outline of the disease could be determined in that direction. The left parietal bone was loose, and easily separated from its fellow, at the sagittal suture, so that the elevator could be introduced without the use of the trephine. Here a difficulty occurred in raising the dead bone, as it embraced all of the parietal, anterior to the parietal foramen, and more than half the left os frontis, so interlocked with spicula of new bone, that to throw out so large a piece, with its ragged edges, the elevator under one side only, would probably endanger the brain. I next proceeded to divide the dead portion with the cock'scomb saw, near the line of the coronal suture, then by means of two or three elevators, raised and removed the frontal portion first, a partial line of demarcation having taken place. Here the saw also became necessary, as many points of new bone were found shooting and interlocking into the dead portion, requiring to be separated before it would yield to prudent force ; then raising the sagittal edge of the parietal over its fellow, I drew it forcibly from its connection with the os temporum, at the squamous suture. This at once exposed the entire superior surface of the cerebrum of the left side, covered at some points with pus and sanious matter, presenting the appearance at first view of one general diseased mass. The dura mater was wanting, as was also the pericranium—the disease having extended from the external to the internal surface, and throughout its whole extent.

Here many points of deep interest attracted our attention. On clearing away the matter, the brain, with its pia mater in perfect order, was seen packed away, as if intelligently avoiding injury, occupying the lower part of the cavity, leaving a space above between it and the bone, of an inch and a half, or more, and by its violent pulsations gave abundant evidence that it was still striving to perform its functions. The longitudinal sinus was seen enclosed in its fold of the dura mater, having been detached by the ulcerative process from the dead bone, but adhering firmly to the healthy side. I do not mean to be understood that the whole of the parietal bone was removed. A line drawn from the parietal foramen to the highest point of the squamous portion of the temporal bone, would be about the line of demarcation. Thus avoiding most wisely, the principal branches of the great meningeal artery—leaving, of course, the temporal and occipital angle of the bone sound. The patient was calm and collected during the whole operation, which occupied nearly half an hour, answering questions intelligently, except for a moment when the brain was first exposed ; and when attempts were made to clear the surface, she seemed drowsy, complained of deafness, and inclined to faint, but soon roused by the use of diffusible stimulants and wine.

The wound was cleansed, scalp replaced, and secured by sutures and straps, and the patient put to bed—feeling, as she expressed herself, much better than she had done for years before. Previous to the operation for a long time, she had been afflicted at times with extreme pain down the left side of the neck, extending to the left lung and stomach, occasionally cramp of the left arm and muscles of the neck, twitching of the left eye, &c. All these difficulties ceased the same day of the operation, and have not returned up to this time. The patient was immediately put upon a liberal nutritious diet of animal food and porter. and every attention paid to her comfort. No unusual degree of inflammation arose. The scalp healed kindly by the first intention, osseous matter soon began to be deposited, and up to this time (six months since the operation) has continued to do well. Bony arches are shooting over at many points, which, with a slight approximation of the sides of the opening, is fast forming a substantial covering. A small opening was left for a few weeks, at the anterior extremity for the exit of matter, through which the brain could be seen gradually expanding, and apparently resuming its functions. The patient walks and rides, is cheerful and intelligent, and bids fair to repair the breach yet to a very considerable extent.

Perhaps it may not be unworthy of remark, that the facts in this case, go to establish a physiological *fact* of vast practical importance, that the human system, physically and mentally, is made up of two distinct halves or parts, that their functions are not necessarily connected, but may, and do, go on independently. I say of vast importance, in a practical point of view, because it teaches us that lesions of structures, and even a total loss of portions of the most important organs, do *not* stop the machinery, or necessarily prove fatal to the animal. Hence we might often be induced to resort to remedial measures, and as often be astonished at our success, in many cases that are now abandoned to their fate, through the timidity of the practitioner, to act with boldness and decision. As in the foregoing case, one half of the cerebrum was packed away, its healthy functions suspended, and therefore useless, if not destroyed, as was evinced in the corresponding deviations from healthy action in remote parts depending upon it for their sensations and motions, if not for their vitality. Yet the nutritive, respiratory, digestive, and all other functions, the senses, &c., were carried on, as it appeared, for years with sufficient force and regularity, for all ordinary purposes. The other animal, or the other half, must have been in a comparatively normal condition, to have sustained all these functions alone, *so* perfectly, and no direct connection, nervous or otherwise, could have existed between the parts diseased, and the corresponding healthy parts. This case may also serve to establish the notion of the insensibility of the upper surface of the brain; at all events experiments of this sort, upon the living organ itself, is the only way to arrive at any conclusion on this point. In this case the effects upon the nervous system did not seem to arise from irritation and disease of the surface of the brain, but from pressure by the pent up matter, and thickening of parts. The brain was handled, sponged, and thoroughly cleansed, without any evidences of pain in the part, or extremities—the patient only appearing a little dull, from pressure of the sponge. Besides, all the unpleasant symptoms, before mentioned, as indicating disturbance of the nervous system, subsided immediately on removing all pressure, leaving no traces of irritation or inflammation. I forbear any further comments.

I am, dear sir, very respectfully your ob't servant,

Detroit, Mich., 1*st Sept.*, 1843. O. Hill, M.D.

P. S.—This case occurred in Niagara county, N. Y., near the Falls, where I was then residing.

O. H.

CREOSOTE.

[Communicated for the Boston Medical and Surgical Journal.]

When I noticed, some two or three months since, the fact, announced by a common newspaper editor, that a young physician in Hartford had died in consequence of the application of creosote to his teeth, I regretted it extremely. But I felt not only regret but surprise to see it copied, without remarks, into your weekly. Having since learned of your absence to the West, I conclude this was an oversight of some deputy, and if so, will you allow me to express my earnest hope that the faculty will not be defrauded of this excellent medicine by the error of a political journalist. I cannot bear to have it driven from popular use because a gentleman may have died *while using creosote in his tooth.* I know nothing of the fact in Hartford; but how improbable that an intelligent young physician should poison himself with *any medicine.* But suppose he has done it; opium has done the same as creosote, and nobody is afraid of opium. In irritable fauces, tonsils and pharynx; in aphonia and minister's throat ail; in short, in all cases of passive inflammation of the lungs, fauces and œsophagus, the value of creosote is not at all known. Just as the unlucky paragraph from Hartford had gone, broadcast, throughout the country in the various journals, I was one day examining a clergyman, from Vermont, who had been laid up many years from labor by dyspepsia and minister's throat ail, when he mentioned he had been under Dr. Twitchell's care, of Keene. Among other things Dr. T. had given him creosote, increasing gradually to five drops, on sugar, with rain water added, three times daily. This dose he took, I understood him, a week, with great benefit to his fauces, throat, &c. He then omitted it because some tubercles on his tonsils and root of tongue had disappeared.

In cases of great morbid internal heat with neuralgia and soft pulse, I have given two drops made into a pill with gum Arabic, three times a day in many instances. I have never known any injury.

Will not others, Mr. Editor, come forward with the doses and effects of this article, under their own observation, and thus co-operate in placing it at once on its proper basis? Yours truly,

Saratoga Springs, Aug. 22, 1843. M. L. North.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

SEPTEMBER 13, 1843.

Cure of Strabismus.—Some men never injure themselves by being ridiculous. It is not every one, however, who can with impunity speak of his own acquirements, accomplishments or success, without the hazard, at least, of being called an egotist, a simpleton or a lunatic. A pamphlet has been received containing the names of "*upwards of nine hundred persons operated on for the cure of strabismus or squinting, by T. J. Crossman, M.D., with introductory remarks, notices of the public press, and correspondence of patients.*" Well may the doctor exclaim, eyes right, after having pocketed, as acknowledged on the 9th page, $45,000! There are not many surgeons in the United States who have accumulated so large a sum by a long life of industry, backed by a reputation for being skilful, learned, and uncommonly adroit with instruments. Here is a young man whose name rarely, if ever, appears in places where we are accustomed to find a catalogue of distinguished benefactors of the human race, who has secured a larger fortune within two or three years, according to his own account, by the practice of a trivial operation, than some of the most distinguished surgeons on the Continent acquire in half a century. Merit does not find its reward in some of the professions in these perverse times, that is certain. And it is equally well understood that the person who puts the customs of modest men at defiance, by boldly heralding his own claims and pretensions, meets with a multitude of admirers of corresponding calibre. But after all, such an one is an empiric, flitting in the sunshine of unsubstantial renown.

Officers of the Medical Society of New Hanpshire.—On the 5th and 6th of June, 1843, the Fellows of the New Hampshire Medical Society celebrated their fifty-second anniversary. The meeting was fully attended and conducted with much spirit and good feeling. For some reason not yet made known by them, the orators failed to discharge their duty. Dr. A. O. Dicky, of Lyme, gave a very interesting account of epidemic erysipelas, as it appeared in the Valley of the Connecticut during the past winter which elicited some very profitable discussion. Dr. James Batchelder, of Marlborough, read a memoir of Dr. Luke Howe, late president of the Society. By a vote of the Society a copy was requested for publication, but on account of the modesty of the writer, or his doubts as to expediency, it has not yet appeared. It is hoped, however, the writer will yet alter his intentions. The following is a list of officers for the year:

Dr. James Batchelder, of Marlborough, *President.*
Josiah Bartlett, of Stratham, *Vice President.*
Charles P. Gage, of Concord, *Secretary.*
R. P. I. Tenney, of Loudon, *Treasurer.*

Counsellors.—Hanover Dickey, Jr., Epsom; Ezra Carter, Concord; Joseph A. Smith, Dover; James, Farrington, Rochester; Silas Cummings, Fitzwilliam; Isaac Colby, Keene; Edmond R. Peaslee, Hanover; A. O. Dickey, Lyme; Silas Walker, Bedford; Z. Colburn, Manchester; J. C. Eastman, Hampstead; William Brown, Chester; Peter P. Woodbury, Bedford; O. Scripture, Hollis.

Committee of Correspondence.—J. Bartlett, Stratham; L. M. Knight, Thornton; J. H. Morse, Manchester; F. P. Fitch, Amherst; J. Bachelder, Marlborough; S. Drew, Milton; D. Crosby, Hanover.

Delegates to Dartmouth Medical Institution.—J. C. Eastman, Hampstead; Moses T. Willard, Concord.

Orators for 1844.—D. Flanders, Londonderry; Harrison Eaton, Merrimack. Substitutes, E. R. Peaslee, Hanover; A. Carr, Goffstown.

Willard Parker, of New York city, was elected honorary member of the Society.

Charles Wells, Manchester; Thomas H. Cochran, New Ipswich; John Heard, Milford; Oliver Scripture, Hollis; Charles T. Berry, Pittsfield, and Otis French, Gilmanton, were elected Fellows.

Mental Hygiene.—Having never seen a copy of the work by Dr. Sweetser, our correspondent cannot indulge the belief that there is any design in withholding the meed of praise that is due the author. It is a rule of this office to give appropriate notices of all books sent to the Journal—and then offer a further civility, by lending them to medical gentlemen for examination, whenever requested. In this way it is presumed that effectual aid is given both to the writer and publisher.

Knowing the value of former productions by Dr. Sweetser, it is taken for granted that his experience and observation must have made him, by this time, not only an elegant, but an instructive author. Should the volume referred to ever fall within our editorial ken, it shall in no wise be neglected.

Contagiousness of Plague.—Under date of June 25th, a letter was written at Cairo, in Egypt, which has already been published in this country; but that circumstance will not exclude it from the Journal. Unfortunately, the name of the writer has been omitted in the copy before us. He conveys an important piece of sanitary intelligence, and will therefore be read extensively by physicians. If the simple application of heat will disinfect and keep at bay one of the most terrific diseases in the catalogue of human woes, it is no longer to be dreaded, nor its future influence tolerated. We are impressed with the opinion, however, that if this wonderful disinfecting agent, heat, is as sovereign as represented, it is marvellously strange that it has never before been discovered—since fire has been known in Egypt before the year 1843.

"Some very important results have been obtained by the commissioners who have been sent by the Russian government to this country, in order to make experiments as to the contagion of plague, and the means of arresting the propagation of the *virus*. One most satisfactory conclusion has been already come to, and if nothing more be done, that conclusion must lead to the early modification and final overthrow of the whole quarantine system as at present constituted; for the commission have come to the unanimous opinion *that articles of any sort, after having been subjected to a temperature of from 50 deg. to 60 deg. of Reaumur's, cannot communicate the plague.*

The commissioners collected a large quantity of garments, of sundry tissues, and of susceptible raw materials, which were thoroughly impregnated with the supposed virus of the plague. These were placed in a chamber heated by a stove to the temperature of from 50 deg. to 60 deg. (Reaumur), some portions loose, some portions tied lightly, others closely pressed together, and others in cases hermetically closed. They were subjected to the action of the heat for 48 hours.

Sixty-six persons, of all ages and temperaments, including Turks, Egyptians, Syrians and Negroes, were clad in the garments and put in the closest contact with the articles which had been thus treated.

The result has been, that not one single person of the sixty-six has been attacked by the plague, or his health affected in the slightest degree by the experiments to which he has been subjected.

The commissioners state that the quality of the materials has not been in any way deteriorated by the action of the heat; that the colors of the various manufactured articles have not been dimmed or changed; that the experiments have been attended with scarcely any cost; and that securities may thus be obtained against the communication of plague at an exceedingly small expense."

Character of the Fever at Rondout.—We copy the following certificate relative to the disease at Rondout, from the New York papers:

We, the undersigned, from a full investigation of the character of the febrile disease now existing at Rondout—an investigation based upon the features of the disease in the living and the appearances of the internal organs after death—have arrived at the following conclusions:

1. The disease is a *bilious remittent fever*, with a great tendency to assume the typhoid type.

2. So far as our personal knowledge extends, and so far as we can learn from others, we are decidedly of opinion that there has not been a single case of *yellow fever* in this locality, nor has there been a single case accompanied with the *black vomit* peculiar to that disease.

3. As regards the question of the contagious nature of this disease, our opinion in the negative is equally decided.

James R. Manley, M.D., } of New York city.
Samuel Forry, M.D., }
Edwin Jewett, M.D., of Rosendale.

The schooner Vanda, which is charged with having introduced the yellow fever into Rondout, arrived at Boston early last week, in good health and condition, but left the port immediately for Bangor, without coming to a wharf—in consequence of the cargo (coal) having been sold at that place.

Valuable old Anatomical Plates.—A gentleman has left in the care of the editor, several thin folios of anatomical plates, and some illustrative of the surgery of hernia, that would be greatly prized, it is believed, by those who are in pursuit of rare works. They may be had very reasonably. Among them are Eustachius, Scarpa, &c.

New York Journal of Medicine.—In consequence of being from home a considerable time, no opportunity has occurred before for speaking of Dr. Forry's new Journal, with that attention which it truly merits. The papers on the Endemic Influence of Evil Government, in Minorca; Complicated Menstruation; Dr. Watson's Observations on Obscure and Remote Effects of Syphilis; together with the Editor's two articles on Epidemic Influenza and British Army Medical Statistics, will compare favorably with the very best productions of the medical periodical press in any country. There never was a better beginning—since there is learning, industry and good judgment exhibited throughout the whole No. Dr. Forry's reputation as a writer makes it very certain that much is expected of him in his new and perplexing capacity of an editor; but he is fully competent to the laborious undertaking. We look forward with the expectation of seeing his Journal conducted with firmness, dignity and distinguished ability. If the profession of New York, and wherever else the claims of this new candidate for patronage is made known, do not exert themselves to sustain it both cheerfully and bountifully, the hope of maintaining a medical journal of character in that city, must be wholly abandoned for many years to come.

Uterine Truss.—Dr. R. Thompson, of Columbus, Ohio, is the inventor of an instrument with the above designation. From the united testimony of the most eminent physicians of that and other States, it must be considered very valuable. In the first place, the mechanism is exceedingly simple—a desirable object. Secondly, the workmanship is admirable. We have rarely seen a neater piece of needlework. Good taste is a recommendation of itself, even in surgical apparatus. Although this contrivance appears to have been before the western public a considerable time, as far as our recollection serves, very little, if anything, was known of it in the eastern States till within a few weeks. We bespeak for it the candid examination of the profession wherever it may be exhibited. In the meanwhile, a specimen may be seen at this office.

Medical Miscellany.—Dr. Smith has been removed from the office of Collector of Perth Amboy, N. J.—Thomas S. Savage, M.D., who has been a missionary physician at Cape Palmas for a long time, has returned home to New York.—It turns out that Charles Stratton, the dwarf, exhibited in Boston some months ago, was born in Bridgeport, Conn., and not in England, although so written by the person who had the care of him, when the request was made for particulars.—Four children were born at a single birth, last week, not far from this city.—Dr. Golbraith A. Irvine, of Warren, Co., Penn., is nominated for Congress in the District in which he resides.

Number of deaths in Boston, for the week ending Sept. 9, 72.—Males, 40—Females, 32. Stillborn, 4. Of consumption, 4—inflammation of the brain, 1—infantile, 6—cholera infantum, 9—cramp in the stomach, 1—bowel complaint, 10—inflammation of the bowels, 3—marasmus, 2—spasms, 1—dysentery, 5—disease of the heart, 1—drowned, 2—asthma, 1—teething, 2—hemorrhage, 1—scrofula, 1—fits, 3—dropsy on the brain, 1—scarlet fever, 1—canker, 1—old age, 3—typhus fever, 1—tubercle of the brain, 1—worms, 1—inflammation of the lungs, 1—diarrhœa, 1—child-bed fever, 1—liver complaint, 1—hooping cough, 2—lock-jaw, 1—disease of the brain, 1—apoplexy, 1.

Under 5 years, 44—between 5 and 20 years, 6—between 20 and 60 years, 19—over 60 years, 3.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15 49″. *Elevation* 483 *ft.*

August.	Therm.		Barometer.		Wind.	August.	Therm.		Barometer.		Wind.
1	from 59	to 76	from 29.40	to 29.44	N	17	from 58	to 81	from 29.42	to 29.43	S W
2	55	76	29.40	29.50	N E	18	66	83	29.42	29.44	S W
3	59	77	29.50	29.69	S W	19	68	73	29.46	29.49	S W
4	58	82	29.73	29.80	S W	20	67	71	29.35	29.42	N E
5	62	76	29.80	29.81	N E	21	64	66	29.54	29.59	N E
6	59	62	29.53	29.70	N E	22	61	66	29.50	29.60	N E
7	58	75	29.50	29.53	S W	23	65	79	29.43	29.44	S W
8	67	73	29.46	29.48	N W	24	68	76	29.43	29.48	N W
9	67	74	29.49	29.55	N W	25	61	78	29.53	29.60	N W
10	66	75	29.46	29.53	S	26	63	81	29.59	29.60	S W
11	64	66	29.26	29.30	N E	27	66	83	29.55	29.59	S W
12	64	77	29.27	29.39	N W	28	67	73	29.55	29.57	N E
13	62	82	29.43	29.43	N W	29	63	71	29.66	29.70	N E
14	64	81	29.29	29.40	S W	30	66	81	29.48	29.60	W
15	69	80	29.21	29.28	N W	31	65	85	29.43	29.47	N W
16	59	77	29.39	29.44	N W						

The month has been warm and wet—a fine season for the growth, but bad for the ingathering of the crops. Oats have suffered in the harvesting. The range of the Thermometer has been from 55 to 85. Barometer, from 29.21 to 29.84. Rain fallen, 9.19 inches—the greatest quantity for any one month for 2 1-2 years.

Extraordinary Case, in which the arm was torn off at the Shoulder-joint, by machinery, communicated to Prof. Willard Parker, by Jas. S. Cooper, M.D., *of British Guiana, South America.*—I was called to a neighboring plantation to see Daniel, aged about 7 years, son of one of the laborers. On arriving, I found a case of a very serious nature. The boy, while playing about the sugar-mill of the estate, had been caught in some of the machinery, and his left arm was torn off, bringing with it about two-thirds of the scapula. The deltoid muscle was carried away entire, and the trapezius was torn from its attachment to the clavicle, the naked end of which bone was protruding through the wound. Notwithstanding the very large amount of surface exposed, there was not the slightest hemorrhage, although reaction had fairly taken place.

With the assistance of Dr. Walker, the medical attendant of the estate, I proceeded to dissect out the remainder of the scapula, (the inferior and posterior portion.) A little bleeding ensued from the scapular arteries, but it soon ceased on pressure being made. Then, with a small saw, I removed the external third of the clavicle. As there was no necessity for tying a single vessel during the whole operation, the wound was now closed with sutures and adhesive straps; and the dressing was finished, by applying a compress and roller around the body. The patient bore the operation well, and soon after fell asleep.

Dec. 16.—Considerable febrile action—pulse 120—tongue furred—wound rather painful. Ordered a slight purgative and left him.

20th.—Every thing has gone on well up to this day; the wound was dressed; about half of it had united by the first intention, and the remainder is suppurating kindly. There is no fever; and the patient is every way comfortable, sitting up in bed, he having taken a full meal. The sutures were removed; and from this time onward he recovered rapidly.—*New York Journal of Medicine.*

Extraction of a Leathern Cord from the Bladder.—A native of Piedmont some time since entered the Hotel Dieu of Marseilles for stone, with which disease he had suffered for six months. Lithotrity was determined on; but on grasping the body within the bladder by the forceps, it was found to be quite soft and compressible, and the surgeon determined if possible to draw it entire through the urethra. Much resistance was met with in trying to pass the neck of the bladder, and again, when the body was brought to the meatus urinarius, it became wedged there so closely that the instrument which held it could be neither retracted nor pushed forward. At length, by some violence, a strip of leather, eight inches in length, was drawn out, incrusted with calculous deposit. Abundant hæmaturia followed; and the frightened patient acknowledged that about nine months before he had lain one of his boot-laces in the urethra, then gone to sleep, and on awaking could no longer find his boot-lace. Cystitis afterwards came on, and the man died in three days. After death, the bladder was found enormously distended, stretching upwards beyond the umbilicus, its coats thickened, its internal surface of a darkened color, and five small calculi in its cavity. The mucous membrane of the urethra was throughout converted into a softened blackish mass, easily scraped off with a scalpel; the prepuce and integument covering the penis were much thickened and infiltrated with fluid.—*Journ. de Conn. Med. Prat.*